

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

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ALS PROVIDER AGENCY CHANGES IN PERSONNEL QUARTERLY REPORT FORM

The ICEMA ALS Provider Agency Criteria Policy, Section 11(c) requires ALS providers to notify ICEMA of changes in accredited/authorized personnel on a quarterly basis. This information is essential to maintaining database accuracy and ensuring accredited Paramedics and authorized Flight Nurses meet the employment requirements as specified in ICEMA Protocol #1040, EMT-P Accreditation Requirements and Protocol #1080, Flight Nurse Authorization. Reports are due the 15th of every January, April, July and October.

PROVIDER NAME:_____ **DATE:**_____

[illegible]**REPORT COMPLETED BY:**

PRINT NAME and Title

Signature

Date _____